

Nebraska Department of Agriculture  
Bureau of Plant Industry  
P.O. Box 94756  
Lincoln, Nebraska 68509  
(402) 471-2394 Fax (402) 471-6892

## APPLICATION FOR REGISTRATION OF A PESTICIDE PRODUCT

Separate registrations are required for each market label (different fragrances, alternate names).

FOR EACH PESTICIDE TO BE REGISTERED, RETURN TWO COMPLETED FORMS (one may be a photocopy),  
PRODUCT LABEL, AND THE FEE AS INDICATED BELOW TO THE BUREAU OF PLANT INDUSTRY.

**ALL REGISTRATIONS EXPIRE DECEMBER 31.**

**Failure to provide all required information will result in the application form being returned to the applicant.**

Submitter/registering firm (an alternate name and/or address for correspondence)	
Name:	_____
Address:	_____
	_____
	_____
Manufacturing firm (name and address as they appear on the label):	
Name:	_____
Address:	_____
	_____
	_____

Contact person: \_\_\_\_\_ Telephone: \_\_\_\_\_  
E-mail address: \_\_\_\_\_ Fax: \_\_\_\_\_

### PRODUCT TRADE NAME:

Active ingredient (common chemical name): \_\_\_\_\_

EPA Reg. No. \_\_\_\_\_ EPA Est. No. \_\_\_\_\_

Use classification (must check all that apply):

☐ Specialty product\*      ☐ General Use      ☐ Restricted Use

\* A specialty pesticide means a disinfectant, sanitizer, germicide, or biocide. It includes pesticides labeled for use solely in areas associated with the household or home life, including lawn, garden, and ornamental uses. Does not include turf areas applied commercially. Also includes pesticides labeled for use solely on humans or pets.

Registration Fee:	Specialty pesticide products (GUP or RUP)	- \$135 per product per year
	All other pesticide products	- \$200 per product per year

**Note:** All persons located outside this state must designate a resident agent for service of process in actions taken in the enforcement of the Nebraska Pesticide Act. In lieu of designating a resident agent, the registrant may designate, in writing, the Secretary of State as the recipient of process for the applicant in this state (address and phone not necessary if using Secretary of State).

Resident Agent Name \_\_\_\_\_ Telephone (\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_